

(GW/UST-2)

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number NOV 25 1991

Date Received Winston-Salem

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

GENERAL CINEMA CORPORATION

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

3425 MYER LEE DRIVE

Street Address
FORSYTHCounty
WINSTON-SALEM, NC 27101City State Zip Code
(919) 748-0440

Area Code Telephone Number

II. Location of Tank(s)

PEPSI - COLA

Facility Name or Company

Facility ID # (if available)
RT. 2, HOLLY SPRINGS CHURCH ROADStreet Address or State Road
SURRY, MT. AIRY

County N/A City Zip Code

Area Code Telephone Number

III. Contact Person

KELVIN HILL

REGIONAL DISTRICT MANAGER

Name

Job Title

(919) 748-0440

Closure Contractor LAIDLAW ENVIRONMENTAL SERVICES, CHARLESTON, SC

Telephone No. (Area Code)

(803) 760-2200

Lab GEO CHEM INCORPORATED

(Address)
MORRISVILLE, NC

Telephone No. (Area Code)

(919) 460-8093

Telephone No. (Area Code)

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	10,000	120" X 18'	diesel		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment
☒ Drain & flush piping into tank
☒ Remove all product and residuals from tank
☒ Excavate down to tank
☒ Clean and inspect tank
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☒ Cut one or more large holes in the tanks.
☒ Backfill the area.

Date Tank(s) Permanently closed: 11/6/91

Date of Change-in-Service:

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening;
☐ Plug or cap all openings;
☐ Disconnect and cap or remove vent line
☐ Solid inert material used - specify:

REMOVAL

- ☒ Create vent hole
☒ Label tank
☒ Dispose of tank in approved manner
Final tank destination: MT. JULIET EXCAVATING
AND CONSTRUCTION, MT. JULIET, TN

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

KATHRYN A. STATHOS - NAT'L ACCTS. PROJ. MGR.

Signature

Kathryn A. Stathos

Date Signed

11/15/91